



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000292898		2. Exact name of the Corporation GAMA CORPORATION			
3. Principal office address 226 CARROLL AVENUE			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-662-2908			5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island US MILITARY READINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRANCIS J. WEST			Vice-President Name FRANCIS J. WEST		
Street Address 226 CARROLL AVE			Street Address 226 CARROLL AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name FRANCIS J. WEST			Treasurer Name FRANCIS J. WEST		
Street Address 226 CARROLL AVE			Street Address 226 CARROLL AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0

2015 APR 29 AM 11:39
 SECRETARY OF STATE
 CORPORATIONS DIV.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

APR 29 2015

By: *[Signature]*

A.A.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] / 4/29/15
 Signature of Authorized Representative Date

FRANCIS J. WEST

Print or Type Name of Authorized Representative